Chronic blepharitis: A multifactorial disease
Ryan Witt

It has been reported that 50 percent of all patients seen by an optometrist have blepharitis. While most of the time they present with similar symptoms such as foreign body sensation, ocular dryness, and itching, there are many different etiologies including:

- **Parasitic:** The prevalence of Demodex increases with age and nears 100 percent by the age of 71. The classic patient has a very similar symptom profile to other blepharitis/dry eye/allergy patients, but is unresponsive to the associated treatment protocol. The presence of collarettes at the base of the lashes is typical and infestation can be confirmed with microscopic examination of a lash sample. See Dr. Woo’s article for more info!

- **Bacterial:** The most commonly isolated bacteria from chronic blepharitis patients is *Staphylococcus aureus*. The sterile *Staph* exotoxins, of which there are 32 that affect the eye, are the likely etiology of the inflammatory response. This inflammatory response can affect the lid and cause an infiltrative keratitis.

- **Seborrheic:** This can present either alone or commonly in combination with bacterial blepharitis. Seborrheic blepharitis is due to an excessive production of sebum leading to large, greasy scales both on the lash and on the skin of the lid. It is also common to see "dandruff-like" flakes on the lashes.

- **Other:** Other causes of blepharitis include allergic, neoplastic, and eczematous.

Chronic blepharitis can lead to complications such as chalazia, punctate keratopathy, pannus, phlyctenules, and recurrent conjunctivitis. More serious complications can also include corneal ulceration and endophthalmitis.

When faced with a chronic case that is not responding to treatment, it is important to take a step back and ensure the underlying mechanism has been determined. From there a focused and etiological based treatment can be administered.

References:

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